



INFORMATION and APPLICATION- Page 1-5

The City of China Grove is seeking applicants for the position of City Secretary/City Administrator

Some experience in general accounting is required. Experience in Local Government is preferred.

Completed applications may be submitted by email to chinagrove.city@att.net

For Additional Information please contact:
Susan Conaway
210-837-3703

CITY OF CHINA GROVE APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Full Name: _____ Social Security No: _____

Address: _____

City, State, Zip: _____

Primary Phone () _____ Secondary Ph: () _____

EMPLOYMENT

Position/s applying for: _____

Full-Time _____ Part-Time _____

What date will you be available for work? _____

Have you ever applied or been employed by the City of China Grove before? Yes ____ No ____

If yes, when? _____

Reason for leaving: _____

EDUCATION & TRAINING

Name of Institution	Degree/Hours completed/ Certification	Dates
High School _____	_____	_____
College/Univ. _____	_____	_____
Business/Voc. _____	_____	_____

Please provide any additional information such as special skills, training, management, or qualifications you believe will be helpful to us in considering your application.

MILITARY RECORD

Military Service? Yes _____ No _____ If yes, give dates: _____

What branch of service? _____ Rank at discharge: _____

List duties while in service:

EMPLOYMENT RECORD

Are you currently employed? Yes _____ No _____

We routinely contact an applicant's current employer for reference checks. Would this pose any difficulty for you? Yes _____ No _____

If yes, please explain

List previous employment information, beginning with current or most recent employer:

Name/Address/Phone of Employer	Describe Work You Performed	Dates From/To	Hourly Rate Start Final	Reason for Leaving
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Have you ever been terminated from employment? Yes _____ No _____ If yes, please explain:

REFERENCES: (DO NOT INCLUDE NEXT OF KIN OR PREVIOUS EMPLOYERS.)

NAME	ADDRESS/CONTACT #	OCCUPATION	YEARS KNOWN
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1. _____

2. _____

3. _____

4. _____

DRIVING INFORMATION:

(You may be asked to provide a copy of your driving record)

If YES, give Type _____ License No _____

Has your driver's license ever been suspended or revoked: Yes ____ No ____

If YES, give the date, location and reason for suspension or revocation.

Date: _____

Location: _____

Reason: _____



AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the _____ and its authorized representatives bearing this release, or a copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit, education or medical records, including not limited to academic, achievement, attendance, athletic, personal history, and disciplinary records, medical records, and credit records.

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for official use. Consent is granted to all parties to furnish such information, as described above, to third parties during the fulfilling of its official responsibilities. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or attempt to comply with it.

I am furnishing my Social Security Account Number on a voluntary basis with the understanding such is not required by any law or regulation. I have been advised that all parties will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in connection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below:

Applicant's Printed Full Name: _____

Address: _____

Telephone Number: _____

Applicant's Notarized Signature: _____

Sworn to and signed before me, on this the _____ day of _____,
in and for _____ county, in the state of _____.

NOTARY SEAL

Signature of Notary Public: _____

Printed Name of Notary Public: _____

My Commission Expires: _____